

FIRST SACRAMENT REGISTRATION

**Information needed for Reconciliation and First Communion
to be included in the official sacramental records
(Children receiving the above sacraments)**

First and Last Name of the child _____

Address _____

Email _____

Place and Date of Birth _____

Age _____

Place and Date of Baptism _____

Note: Please attach a copy of your child's baptismal certificate

Mothers Name _____

Mothers Maiden Name _____

Fathers Name _____

Other information you would like to provide:

Office use only:

Baptismal information verified _____

Register _____ Page _____ number _____